DET	TITION FOR EXTENSION OF TIME UNDER 37	٠, ا	Docket Number						
/PE 1	FY 2008	110129.430							
(Fees pursuant to the Consolidated Appropriations Act,	8).)							
Appl	lication Number 10/673,046		Filed Sep	tember 26	, 2003				
For	PERIVASCULAR WRAPS								
Art U			Examiner Blessing M. Fubara						
1618 T	his is a request under the provisions of 37 CFR 1.130	the perio							
	eply in the above identified application.	o(a) to exterio	trie peric	ou for filling a	1				
	he requested extension and fee are as follows (check	k time period o	desired a	and enter the	e appropria	ate fee below):			
	·	•	Small En			,			
	One month (37 CFR 1.17(a)(1))	\$120	\$6	0 \$	<u>60</u>				
	Two months (37 CFR 1.17(a)(2))	\$460	\$23	30 \$	5				
	Three months (37 CFR 1.17(a)(3))	1050	\$52	25 \$	5				
	Four months (37 CFR 1.17(a)(4))	1640	\$82	20 \$	<u> </u>				
	Five months (37 CFR 1.17(a)(5)) \$	2230	\$11	15 \$					
	Applicant claims small entity status. See 37 CFR 1	.27.							
×	A check in the amount of the fee is enclosed.								
	Payment by gradit gard. Form PTO 2029 is attach	nd.							
	Payment by credit card. Form PTO-2038 is attached.								
Ц	The Director has already been authorized to charge fees in this application to a Deposit Account.								
	The Director is hereby authorized to charge any fees which may be required,								
	or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a								
	duplicate copy of this sheet. WARNING: Information on this form may become pub	die Credit ear	d informa	ition should	not bo incl	udod			
	on this form. Provide credit card information and aut				not be inci	uaea			
la	am the 🗌 applicant/inventor.								
	assignee of record of the entire interest. Se			21					
	Statement under 37 CFR 3.73(b) is enclosed attorney or agent of record. Registration No.	•		o). 08 TNGUYEN2	0000000	10477044			
			01 FC:22		80999955				
	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR			••		60.00 OP			
	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·							
	My h		January 22, 2008						
	Signature	-		Dat					
	Qing Lin, Ph.D. Typed or printed name	_		206-622					
	Typed of printed flame			Telephone	Number				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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				· · · · · · · · · · · · · · · · · · ·	EX	PRESS MAIL	NO. EM	1035619117US
Fee Soursuant to the	Consolidated Appr	opriations Act 2005	(H.R. 4818)			mplete if Kn		
2008	Application Number		10/673,046					
2 2008 EFEE	Filing Date		September 26, 2003					
<i>৾</i> ≸∕ For FY 2008			· · · · · · · · · · · · · · · · · · ·	First Named Inventor		David M. Gravett		
				Examiner N	lame	Blessing M	. Fubara	
		itus. See 37 C	FR 1.27	Art Unit		1618		
TOTAL AMOUNT		(\$)60		Attorney Do	cket No.	110129.430)	
METHOD OF PAY								
	_	Money Order	_	(please identif	• •			
Deposit Account	•	ccount Numbe		Deposit Acco				LLC
	•	sit account, the		-	•		• • •	
	e(s) indicated t			☐ Charge fee(•	•
	•	e(s) or underpa	yments	Charge any	underpayn	nents or cred	it any ove	rpayments
Of fee(s) I Warning: Information or	under 37 CFR 1		card information	should not be incli	udad on this fa	em. Desvido cros	lit cord infor	matics and
authorization on PTO-20	38.	orne public. Credit	caro iniormation	Should not be that	uded on this to	rm. Provide cred	nt caro inior	mation and
FEE CALCULATIO	N					-		_
1. BASIC FILING,	SEARCH, AND	EXAMINATIO	N FEES					
	FILING	FEES	SEARC	H FEES		INATION		
			02	F.		EES		
		Small Entity		Small Entity	L	Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee	es Paid (\$)
Utility	310	155	510	255	210	105	100	23 T did (\$7
Design	210	105	100	50	130	65		
Provisional	210	105		= =	0			
		105	0	0	U	0		
2. EXCESS CLAIN Fee Description	I FEES						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (ingluding Poissu	100)				•	50	25
Each independent cl	_							
•	•	ding Reissues)					210	105
Multiple dependent o		·	· - (A)	E - B 14	(0)	B.A. 141 . I	370	185
•——	tal Claims		Fee Paid (\$)		Multiple Depende			
<u>117</u> -239 or l	4P <u>00</u>	х _	 =			<u>Fee (\$)</u>	<u> </u>	ee Paid (\$)
HP = highest numb	er of total claim	s paid for, if gre	eater than 20	1				
Indep. Claims	Extra Cla		ee (\$)	<u>Fee Paid</u>	(\$)			
1 -9 or HF		X						
HP = highest numb		_	for if areater	than 3				
3. APPLICATION:	•	oranno para	.v., greater	andir U.				
f the specification a		ceed 100 shee	ets of paner (excluding elec	tronically fil	ed sequence	or compi	iter listings
under 37 CFR 1.52	e)), the applica	ition size fee du	ie is \$260 (\$					
thereof. See 35 U.S	S.C. 41(a)(1)(G) and 37 CFR 1	.16(s).		• •			
Total Sheets	Extra Shee	ets <u>Numb</u>	er of each a	dditional 50 c	or fraction	thereof Fe	ee (\$)	Fee Paid (\$)
-100 =		/50 =	(round u	to a whole nu	umber)	x _		
4. OTHER FEE(S)							اِ	Fees Paid (\$)
Non-English Specif	cation, \$130 fe	e (no small enti	ity discount)					
Other (e.g., late filin	g surcharge):	Petition for Ex	tension of T	me/1 month				<u>60</u>
-								
SUBMITTED BY	. ^ `				- ·			
Signature	(1) lui	(-		stration No.	53,937	Telephone	206-62	2-4900
	T y	<u> </u>	(Atto	mey/Agent)	33,331		ļ	
Name (Print/Type)	Qing Lin, Ph	.D.				Date	Januar	y 22, 2008